



Palm Beach Speech & OT Specialists

AUTHORIZATION FOR TREATMENT

I, _____ give my permission for Palm Beach Speech & OT Specialists to conduct professional therapy services for my child _____ .

I agree to pay the following amount:

\$80.00 30 min treatment

\$160.00 1 hour treatment in **office**/\$180.00 1 hour treatment in **home**

\$650.00 Speech, Language and Communication Evaluation with Written Report in **office**

\$695.00 Speech, Language and Communication Evaluation with Written Report in **home**

\$850.00 Developmental Evaluation

\$100.00 1 hour meeting

X _____
(Signature)

Payment will be made at the time of service.

Weekly treatment sessions will be paid at the end of the week for all treatment sessions accrued during that time period.

I will leave payment each week @ office, home, or my child's school

I authorize PBSOS to charge my credit card each week for services rendered (please complete credit card authorization form)

Please provide the following information:

Address:

Email:

Phone:
